

Urinary Tract Infections During Pregnancy

What ails
your practice?

bacteriuria. Significant bacteriuria has been historically defined as finding more than 10^5 colony-forming units per mL of urine.⁷ Recent studies of women with acute dysuria have shown the presence of significant bacteriuria with lower colony counts. This has not been studied in pregnant women, and finding more than 10^5 colony-forming units per mL of urine remains the commonly accepted standard. Asymptomatic bacteriuria is common, with a prevalence of 10 percent during pregnancy.^{6,8} Thus, routine screening for bacteriuria is advocated.

Untreated asymptomatic bacteriuria leads to the development of symptomatic cystitis in approximately 30 percent of patients and can lead to the development of pyelonephritis in up to 50 percent.⁶ Asymptomatic bacteriuria is associated with an increased risk of intra-uterine growth retardation and low-birth-weight infants.⁹ The relatively high prevalence of asymptomatic bacteriuria during pregnancy, the significant consequences for women and for the pregnancy, plus the ability to avoid sequelae with treatment, justify screening pregnant women for bacteriuria.

SCREENING

The American College of Obstetrics and Gynecology recommends that a urine culture be obtained at the first prenatal visit.¹⁰ A repeat urine culture should be obtained during the third trimester, because the urine of treated patients may not remain sterile for the entire pregnancy.¹⁰ The recommendation of the U.S. Preventative Services Task Force is to obtain a urine culture between 12 and 16 weeks of gestation (an “A” recommendation).¹¹

By screening for and aggressively treating pregnant women with asymptomatic bacteriuria, it is possible to significantly decrease the annual incidence of pyelonephritis during pregnancy.^{8,12} In randomized controlled trials, treatment of pregnant women with asymptomatic bacteriuria has been shown to decrease the incidence of preterm birth and low-birth-weight infants.¹³

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